

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 22 AM 9:37

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Forham
Secretary of State
DIVISION OF CORPORATIONS

19600000236

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #19600000236**

Broadway Brewing LLC
2441 Broadway
Denver, CO 80205

1a. Principal Place of Business Address

SAME

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

SAME
Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

7-17-96

4. FEI Number

84-1260705

3a. State of Formation

CO

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Corporate Access
1116-O Thomasville Rd.
Tallahassee, FL 32303

8. Name and Address of New Registered Agent

Name

500002390255--9

Street Address (P.O. Box Number is Not Applicable)
-01/05/98--01135--001
****703.75 ****703.75

Suite, Apt. #, etc.

City

Zip Code

FL

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Greg Nahn

Date 12-3-97

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MEM MCKENLOOPER, John
MEM STRANAHAN, George
MEM NAHN, Greg

2441 Broadway
2441 Broadway
2441 Broadway

Denver, CO 80205
Denver, CO 80205
Denver, CO 80205

REINSTATEMENT 97

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Greg Nahn

Date 12-3-97

Daytime Phone # 303 292 5027

Typed or printed name of signing Managing Member/Manager